

HER VOICE FUND

Impact Assessment Report (2022 - 2025)



March 2026

Executive Summary

The assessment of the HER Voice Fund Strategy 2022–2025 confirms that the HVF Theory of Change worked as intended, bringing together its four strategic pillars of flexible grant-making, leadership, organizational strengthening and advocacy to shift power towards AGYW-led advocacy. The findings show that when AGYW are trusted, resourced and supported as agents of change, our role moves beyond participation. AGYW influence policies, shape funding priorities, improve service delivery and hold systems to account. HVF has enabled AGYW to shape decisions within HIV, TB and malaria responses that directly affect our health, rights and wellbeing.

This assessment was commissioned as a strategic reflection on what changed, how HVF contributed to that change, and what must be strengthened as the Fund moves into 2026–2030. It drew on programme documents, monitoring data, case studies, interviews, focus group discussions and surveys with all relevant stakeholders including AGYW who were engaged as leaders reflecting on the systems they are working to influence.

The assessment confirms that the strength of the HVF model lies in how its four pillars work together. Flexible grant-making opened doors for AGYW-led organizations that are often excluded from traditional funding, enabling them to engage in advocacy, document the lived realities of AGYW, generate community evidence and respond to priorities identified by AGYW themselves. Leadership strengthened AGYW confidence and positioning in decision-making spaces. Organizational strengthening enabled grassroots organizations to grow into more credible and sustainable institutions. Advocacy brought these investments together, translating funding, leadership and institutional support into influence over health strategies, policies, funding priorities, service delivery and accountability.

Advocacy emerged as the clearest expression of the HVF model in action. AGYW-led organizations resourced through HVF and the Catalytic Fund built the leadership capacity of AGYW and documented evidence from their lived realities to influence more responsive health service delivery. This included the reopening and strengthening of gender-based violence services, improved HIV prevention and SRHR referral pathways, increase in local health budget allocations, inclusion of AGYW priorities within Global Fund grants, and legal protections for AGYW.

At the same time, the assessment shows that AGYW-led advocacy is taking place in a more difficult environment. Shrinking civic space, anti-rights movements, misinformation, restrictive legal contexts and reduced funding are increasing risks for AGYW advocates and organizations. This makes HVF's role even more important in protecting advocacy gains while supporting AGYW to respond strategically and safely.

Looking ahead to 2026–2030, HVF should position itself more intentionally as a strategic AGYW advocacy mechanism within Global Fund and wider health decision-making processes. HVF should support AGYW-led organizations to influence the design of responsive funding models, including the Global Fund Grant Cycle 8 funding request writing process, technical reviews, grant-making, implementation monitoring, funding advisory groups, community engagement processes and accountability mechanisms. This will ensure that AGYW priorities move beyond consultation and are embedded in programme design, budgets, implementation arrangements, monitoring frameworks and review processes.

HVF should also strengthen AGYW-led advocacy in areas where the health system landscape is evolving. This includes demand generation and accountability for new HIV prevention options, including oral PrEP, the dapivirine ring, injectable PrEP, Lenacapavir and other emerging prevention products. This advocacy should focus on informed choice, availability, affordability, acceptability and AGYW responsive service delivery. AGYW should lead peer led demand generation initiatives, challenge misinformation, monitor stock availability, track AGYW service experience and hold systems accountable for ensuring that new prevention options reach the girls and young women who need them most.

HVF should also support AGYW to influence primary health care reforms and integrated service delivery. As countries move towards integrated and decentralized health systems, AGYW must be part of discussions on how services are designed, financed and delivered. This includes ensuring that HIV, TB, malaria and Reproductive Health services are not treated as separate or fragmented interventions, but are included within mainstream health service delivery in ways that are coordinated, confidential, youth-friendly and responsive to AGYW needs.

The 2026–2030 phase should therefore focus on strengthening HVF’s role as a strategic AGYW advocacy mechanism that resources, protects and positions AGYW-led organizations to influence the decisions, services and funding priorities that shape HIV, TB and malaria responses.

Background, Strategic Context and Assessment Approach

Background

The HER Voice Fund (HVF) was established to address a persistent gap in global health governance and development responses aimed at reducing HIV incidence among adolescent girls and young women (AGYW) in 13 sub-Saharan African countries (ie Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe) where HIV incidence among AGYW remains nearly three times higher than that of their male peers¹. While global commitments increasingly recognize the importance of centering AGYW leadership in health responses, AGYW have historically remained insufficiently engaged, resourced, and represented within HIV, TB, and malaria programming and decision-making processes.

HVF was designed as an AGYW-led, flexible funding-and-leadership mechanism to address this gap. At its core, the HVF model is grounded in the recognition that when AGYW are resourced, supported to lead, and positioned within decision-making spaces, they contribute to more effective, equitable, and sustainable health and rights outcomes. Rather than functioning solely as a grant-making initiative, HVF integrates leadership development, advocacy, and organizational strengthening to enable AGYW-led organizations to influence policies and systems at community, national, regional and global levels.

Building on lessons from an earlier pilot implemented from 2018, HVF has been implemented since 2019 through a strategic partnership led by Y+ Global, with support from ViiV Healthcare Positive Action and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The four-pillar approach/strategy provides flexible grants that advance AGYW leadership, advocacy, and organizational strengthening. This integrated approach positions AGYW not only as beneficiaries of programs, but as agenda-setters and system actors.

From 2020 to 2021, HVF implementation unlocked the Deep Dive programme in Kenya and Mozambique, which tested and refined the HVF model within national systems. Deep Dive supported two country networks in recruiting diverse AGYW leaders and connecting them with women mentors in decision-making spaces, resulting in the establishment of inclusive, functional task forces for joint

¹ UNAIDS Global HIV/AIDS Statistics – Factsheet available at: <https://www.unaids.org/en/resources/fact-sheet>

advocacy. The Deep Dive project tested a four-pillar approach that combined flexible funding, AGYW leadership development, organizational strengthening, and targeted advocacy through media engagement and the use of social accountability tools. As part of this process, social accountability frameworks and scorecards were adapted and piloted, and national advocacy campaigns were implemented.

AGYW engaged Ministries of Health, Education, and Gender, national AIDS councils, and CCM representatives through policy roundtables, structured dialogue, and media engagement. In Kenya, 19 advocacy agendas were co-developed, with more than 345 AGYW participating in advocacy processes aligned to the HVF 2020 country profile aspirations. Continuous engagement with government stakeholders led to commitments that were subsequently reflected in national guidelines, including the Kenya AYSRHR policy, which adapted and improved the scorecard used during Deep Dive. A notable outcome was the commitment by a Kenya Ministry of Health mentor, Vickie Koskei, to engage the AGYW task force in the Global Fund processes. In 2023–2024, with her support, she secured resources to support 25 AGYW to draft the AGYW and male sexual partners module of the Global Fund grant, with one AGYW from the task force directly responsible for providing feedback to the Ministry of Health on identified priorities.

In 2024, Y+ Kenya secured support from the Principal Recipient 2 and LVCT to support youth-led organizations' capacity to engage in GF processes. Ultimately, one AGYW from Y+ Kenya joined the Kenya CCM as the youth representative. Data generated through the scorecard informed the implementation of the Sister2Sister project, which continued the county-level advocacy and contributed to improvements in youth-friendly service delivery. This included the introduction of fast-track access to antenatal and postnatal clinics for pregnant students and young mothers during the first two hours of service at 11 health facilities in Nairobi. The Deep Dive programme provided early evidence that structured AGYW leadership, when supported by flexible funding and targeted advocacy, can translate into measurable policy influence and service delivery improvements within national health systems

Strategic Journey 2022-2025

The 2022–2025 strategic period marked an important progression for HVF. Having demonstrated that flexible, low-barrier funding could unlock advocacy influence through AGYW leadership, HVF entered this period with a clearer focus on moving from proving that the model works to ensuring that AGYW are consistently engaged within health governance systems to lead their own advocacy agenda. This transition was operationalized through a structured four-pillar approach that reinforces one another within the HVF Theory of Change. This are;

1. Grant-making to provide accessible, flexible funding to AGYW- led organizations
2. Leadership to strengthen the meaningful engagement of AGYW in decision-making spaces with the aim of reducing HIV incidence and improving our broader health, wellbeing and rights.
3. Organizational strengthening to support institutional capacity, growth and sustainability.
4. Multi-level advocacy to ensure AGYW priorities are reflected in policies, budgets, and national health responses.

By 2024, HVF demonstrated adaptability and scalability through the extension of the HVF model to a multi-disease focus that is HIV, TB and malaria in Nigeria through the [Catalytic Fund](#), implemented as the [Gender Equality Fund](#), which was established by the Global Fund in partnership with GSK and ViiV Healthcare.



The Evolving External Landscape

2022-2025 was marked by an increasingly constrained external environment. Across the region, there was a coordinated and well-funded pushback against gender equality, sexual and reproductive health and rights, and the civic space necessary for advocacy. This shift directly affected AGYW-led organizations and the communities they serve. Restrictive legal frameworks targeting LBQ+ communities intensified during this period.

In Uganda, for example, the passage of the Anti-Homosexuality Act heightened risks for gender diverse AGYW advocates. Some organizations were threatened with de-registration, and others (including HVF grantee Rainbow Mirrors) were

de-registered and forced to scale back the visibility of their work. In this context, advocacy required careful navigation to minimize legal and personal harm. At the same time, the socio-economic aftershocks of the COVID-19 pandemic deepened existing inequalities. Economic vulnerability and gender-based violence increased, while barriers to accessing health services became more pronounced.

In countries such as Zimbabwe, Kenya, Tanzania, Cameroon, and Mozambique, political tensions, conflict, and climate-related disasters further strained health systems and disrupted service delivery. For AGYW-led organizations, this meant operating in environments where advocacy carried increased personal and organizational risk. Funding landscapes also tightened, civic space narrowed, and rights-based programming was openly contested. These conditions slowed implementation, restricted certain activities, and, in some instances, led to scaled-back advocacy efforts. However, collaboration with partners, including donors, enabled the HVF PMU, grantees, and Country Leads to navigate several of these barriers and sustain core advocacy priorities despite the constraints.

Gender-Related Drivers of HIV, TB and Malaria

The structural rationale for HVF's AGYW-centred model is grounded in the gendered realities of HIV, TB, and Malaria. The 2024 HVF country profiles² identified that these diseases are not gender-neutral. HIV transmission is more often than not fueled by unequal power dynamics. Poverty drives AGYW to engage in transactional sex, while retrogressive gender norms limit AGYW's ability to have autonomy over health decisions, including using HIV prevention products and refusing or reporting gender-based violence. HVF has documented these lived realities across multiple countries. This is evident in Tanzania, where AGYW were trafficked from rural areas into domestic work and faced long hours, poor pay, and physical and sexual abuse.

In Kenya, AGYW advocates reported the use of informal "kangaroo courts" that reinforced violence and operated with impunity against survivors of gender-based violence. Through HVF-supported policy advocacy, this practice was challenged and later dismantled in Kilifi County. These gender-related barriers increase both biological and social vulnerability to HIV. Similar structural disparities influence TB incidence. AGYW are frequently primary caregivers for sick relatives, increasing their exposure within households. Stigma associated with HIV co-infection discourages some AGYW from accessing TB screening and treatment. Malaria risk is also shaped by gender roles, including responsibilities such as fetching water at dawn or dusk, when mosquito exposure is higher. Intersecting marginalization's based on disability, refugee status, sexual orientation, or involvement in sex work further compound these risks.

² HVF country profiles:

<https://www.yplusglobal.org/resources-her-voice-fund-country-profiles-2024>

A review of national strategic plans across HVF countries reflects recognition of these gendered drivers. However, programmatic responses often remained fragmented and insufficiently gender transformative. HVF's mandate has been to address this disconnect by positioning AGYW, who experience these structural barriers directly, as central actors in shaping policy, programme design, and accountability responses, including through the catalytic fund.

Purpose of the impact assessment

This impact assessment was commissioned at the end of the 2022–2025 strategic period to;

1. Document the changes and outcomes achieved through HVF's four-pillar model.
2. Generate strategic learning by identifying successes, challenges, and critical gaps that should inform HVF's future direction.
3. Provide evidence-based recommendations to guide the 2026–2030 strategic phase.

The assessment was intentionally forward-looking. Beyond documenting outcomes, it was designed to support clear strategic decision-making in an increasingly evolving environment.

Assessment Approach

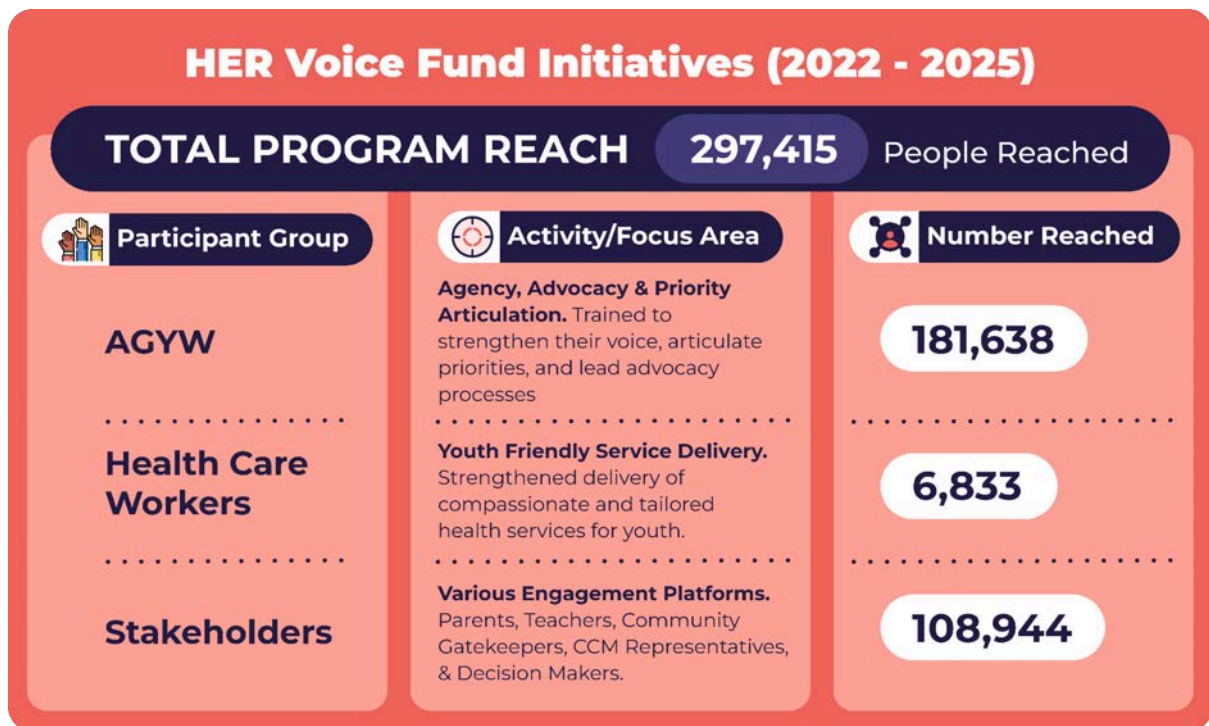
The assessment used a mixed-methods and participatory approach aligned with HVF's core values of inclusion, accountability, and AGYW leadership. Data were collected between November and December 2025 and drew on multiple sources to ensure credibility and balance. The process included:

- Review of programme documents, reports, monitoring data, and case studies
- Interviews with donors, Y+ Global staff, Project Advisory Group (PAG), partners, country leads, and HVF Ambassadors
- Focus group discussions with AGYW leaders and grantees
- Online surveys completed by AGYW and grantee

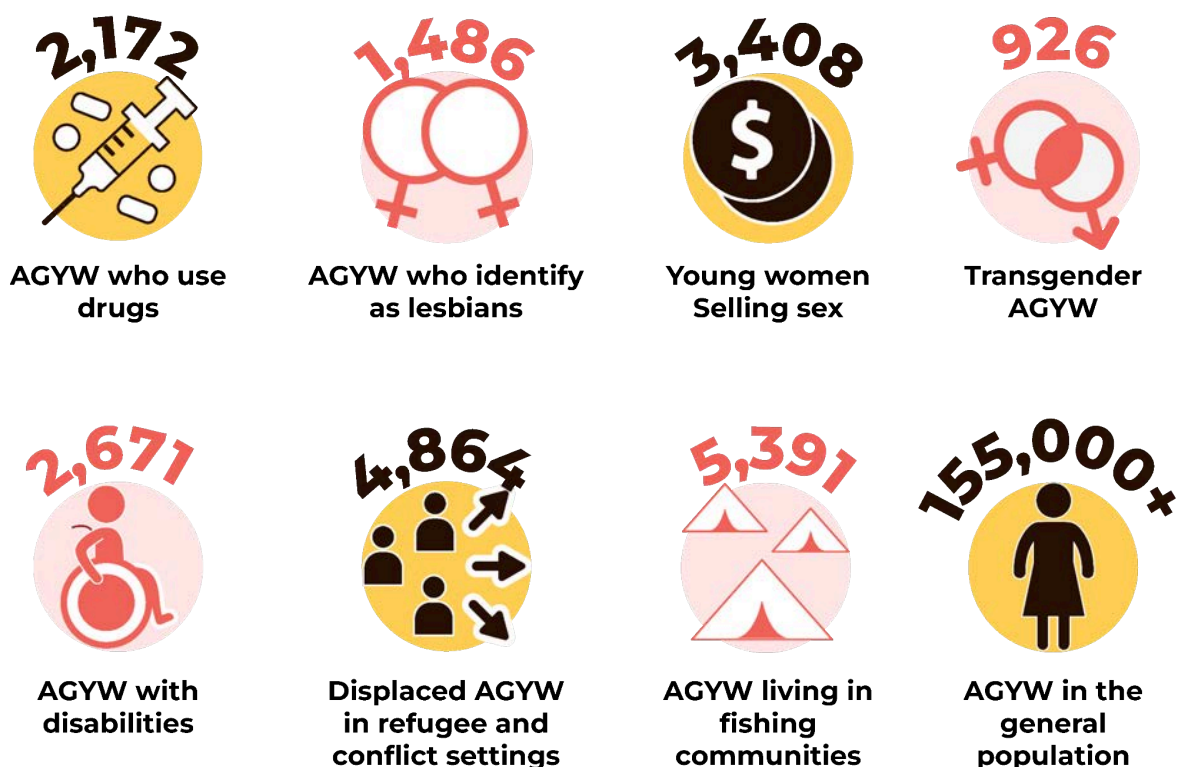
The assessment engaged 2 Donors, 2 PAG Members, 2 Catalytic Fund Consortium Partners, 5 Country Leads, 14 Ambassadors, 14 Grantees, 130 AGYW from grantee organizations, 3 Y+Global Staff and 15 key external partners, including MOH officials, UN partners, and CCM representatives. Findings were triangulated across data sources to ensure conclusions were supported by multiple perspectives. AGYW were engaged not only as respondents but as knowledgeable actors reflecting on their own leadership, advocacy efforts, and the impact of HVF and the catalytic fund implementation..

Synthesis of Impact Against the Four Pillars and Theory of Change

Between 2022 and 2025, the HVF implemented its Theory of Change through the four interconnected pillars designed to work together to realise the [HVF strategic plan2022-2025](#). The assessment examined how the combined synergies of these pillars influenced change within communities, organizations and decision-making spaces. Over this period, ViiV Healthcare and the Global Fund invested Euro 3,225,340.79 in the HVF and Euro 617,023 in the catalytic fund program. With this support, HVF resourced over 120 AGYW-led and AGYW-serving organizations through flexible grants. From 2022 to 2025, HVF-supported 120 AGYW led organizations to implement initiatives that reached 297,415 people.



Looking in depth at HVF engagement of AGYW in all our diversities HVF engaged:



These engagements ensured that AGYW in their diversity were represented in advocacy spaces and national processes, and that their priorities were documented and presented within CCMs, TWGs, and other decision-making platforms.

The findings from each pillar are detailed below:

Pillar 1: Grant making

HVF's grant-making model has served as an entry point for AGYW-led and AGYW-serving organizations that are often excluded from traditional funding mechanisms. Between 2022 and 2025, funding from VIIV and the Global Fund was disbursed to over 120 AGYW-led grassroots organizations across 14 countries. The HVF model transitioned from 2023, moving from annual grants to a multi-year funding approach to support continuity and longer-term advocacy planning.

The assessment found that HVF addresses a critical gap by providing accessible, flexible funding to AGYW-led/serving grassroots organizations. About 80 HVF and catalytic fund grantees reported that they would not have accessed Global Fund, ViiV Healthcare, or comparable donor funding directly without HVF support. For many organizations, the HVF/ catalytic fund provided their first formal funding, enabling them to transition from informal community action to recognized advocacy organizations. Grantees reported increased organizational legitimacy with AGYW, government actors, community gatekeepers and donors, expanded reach to underserved AGYW, including female sex workers, young women who

use drugs, and LGBTQ+ communities, and strengthened their ability to respond to restrictive legal environments and humanitarian crises.



The benefits of multi-year funding are best illustrated in Namibia. When HVF began engaging with the LIDAR Community Foundation, the organization did not hold formal representation in any national health governance platforms. In 2023, Y+ Global formally recommended LIDAR's inclusion in the Global Fund Grant Cycle 7 grant writing process.

With support from HVF, LIDAR engaged with the Country Coordinating Mechanism and the Regional AIDS Coordinating Committee, mobilized and capacitated girls and young women on Global Fund processes, and

ensured consistent communication with the CCM Youth representative so that community feedback informed national discussions. In June 2025, LIDAR secured formal inclusion in Namibia's CCM. Over three years, the organization progressed from occasional participation to holding a formal seat within national health governance structures, positioning them strategically ahead of the Grant Cycle 8 processes.

The assessment also identified concerns related to grant size. Broader funding constraints and the loss of other funding portfolios have reduced overall budgets for several HVF and catalytic fund grantees. Organizations that have demonstrated institutional growth have expressed the need for tiered, larger grant sizes to sustain expanded responsibilities and scale implementation. Grantees emphasized the importance of maintaining and strengthening multi-year and differentiated funding in the next strategic phase.

Pillar 2: Leadership

Since 2020, HVF has intentionally invested in the leadership development of AGYW across 13 HVF countries and Nigeria. The leadership model is structured to ensure AGYW perspectives influence recognized decision-making platforms at sub-national, national, regional, and global levels.

Internally, the Project Advisory Group (PAG) provides strategic oversight and accountability to the PMU. This ensures AGYW leadership remains aligned to HVF's strategic direction and embedded within decision-making structures. In 2022, HVF introduced a structured mentorship model pairing Ambassadors with nationally and regionally recognized young women leaders serving as Ambassador Angels. HVF supported the Angels to provide personalized coaching,

mentorship, and training sessions to Ambassadors. As a result, Ambassadors strengthened their understanding of Global Fund processes, PEPFAR COP cycles, CCM governance structures, national budgeting processes, policy development frameworks, negotiation, documentation, media engagement, and resource mobilization. This has increased the ambassador's capacity to engage decision makers and contribute meaningfully to policy discussions.



Selma Iyambo, HVF Ambassador for Namibia, receiving her Fellowship award from Syracuse University in 2025

This leadership development has supported over 35 HVF Ambassadors and 1 GEF Ambassador since 2020. Each year, HVF has worked with approximately 13 Ambassadors and 1 GEF Ambassador, with transitions based on growth, commitment, capacity, and age. Since 2020 and continuously thereafter, AGYW and Ambassadors supported by HVF have engaged in District Health Committees, Health Facility Management Committees, Global Fund Country Coordinating Mechanisms, Technical Working Groups, and national strategy development processes. Seven Ambassadors have participated in the Catalytic Fund TB Women Cohort Academy (Cohorts 1 and 2), strengthening their engagement in TB policy and programming from a gender perspective.



Photo of AGYW from TB Academy cohort 2 taken after the TB Women Academy Launch in Mombasa, Kenya in 2025.

The assessment found a progression in AGYW capacity over time. Initially, AGYW focused on attending meetings and voicing their priorities in decision-making spaces. Since 2022, AGYW have increasingly contributed to agenda-setting, drafting inputs for funding requests, reviewing strategy documents, and presenting community evidence at formal decision-making platforms. Their contributions were captured in meeting minutes, consultation reports, and strategic documents. AGYW priorities were incorporated into national HIV and SRHR plans, Global Fund funding requests, and Technical Working Group discussions.

The progression of ambassadors described above is reflected in the journeys of individual Ambassadors.

For example, in Namibia, Selma Iyambo joined HVF as an Ambassador in 2021 with a dream of representing and empowering AGYW. She was paired with [Lucy Wanjiku](#) as her Ambassador Angel, who has experience in media and advocacy storytelling. Selma participated in the HER Voice Fund Essentials training programme and the [UN Women Investment in Young Women cross-learning programme](#). In 2022-2023, she became an editor for several magazines, including Sister Namibia, Infinity Youth Magazine, and Afterbreak Magazine.



Photo of Selma Iyambo, HVF ambassador of Namibia, with AGYW and UNICEF country office representatives at the Radio 4000 podcast listening party, taken in 2025

She went on to develop the [SexTalks Podcast](#) as a platform to engage AGYW, policymakers, and funders in discussions on SRHR and AGYW health priorities. The podcast received recognition at the YouthConnekt Africa Summit Mental Health and Sexual Reproductive Health HackLab, supported by UNFPA and UNICEF challenge grants, securing USD 40,000 in seed funding. Selma uses her platform to convene AGYW leaders, policymakers, women leaders, and MOH officials to discuss SRHR, human rights violations, and mental health across Africa. In 2025, she was selected for the Mandela Washington Fellowship and undertook her [Fellowship at Syracuse University](#) for the Public Management track. Selma continues to take her advocacy to the next level, using storytelling and policy to drive change.

In Botswana, Millicent Setaile joined HVF as an Ambassador in 2020. During her tenure, she facilitated advocacy training for AGYW, worked with the Country Lead to develop Botswana's first consolidated HVF country advocacy strategy that integrates grantee priorities, and contributed to a six-month SRHR campaign that engaged Members of Parliament on school re-entry policies for adolescent mothers. She also represented these priorities to the Adolescent and Youth Technical Working Group. After transitioning from the Ambassador role in 2024, she became the Operations Coordinator at the MTV Staying Alive Foundation, where she contributed her expertise in youth empowerment and advocacy programmes. In 2025, she was elected to the Botswana National Youth Council

Board and later became its Chairperson. In this role, she directly engages as a special adviser to the Botswana Ministry of Health and contributes to youth development and health policy coordination aligned with national health and development priorities.

Grace Ngulube, the former HIV/AIDS Ambassador from Malawi, focused her engagement on Global Fund processes. She joined and later served as Chair of the Global Fund Youth Council, a platform established to formalize youth engagement within Global Fund governance discussions at the global level. During her tenure, she contributed to the Global Fund replenishment advocacy campaign, engaging with donor partners and governments, including government representatives from Ireland and Germany, in preparation for Grant Cycle 7. In 2022, the [Irish government](#) pledged €65.75 million to the Global Fund as part of the replenishment cycle. As Chair of the Youth Council, she elevated Youth voices and AGYW priorities into funding advice and policy processes that guided writing processes in the country.

These examples reflect the broader leadership progression observed from Ambassadors. With HIV/AIDS support, AGYW leadership has expanded from just community advocacy to structured engagement in national and global decision-making platforms.

The assessment also identified risks linked to shrinking advocacy spaces. Funding constraints have reduced access to national, regional, and global leadership platforms, exchanges, and advocacy forums. This affects continuity within the leadership pipeline and highlights the need for sustained investment in structured mentorship and leadership development.

Pillar 3: Organizational Strengthening

Traditionally, HIV/AIDS has provided flexible funding to AGYW-led organizations with lower institutional capacity, who are often excluded from traditional funding systems. For these organizations to be impactful and sustainable, strengthening their governance, structures, and operational systems is essential. HIV/AIDS has therefore been intentional in supporting the organizational growth of AGYW-led organizations by strengthening their governance, structures, and operational systems. This assessment documented grantee progress in formalizing internal policies, accountability mechanisms, and management processes.

In 2023, with support from the Global Fund, Paediatric-Adolescent Treatment Africa (PATA) and HIV/AIDS developed the [We Are the Change](#) curriculum to strengthen institutional capacity among community-based organizations. The curriculum includes structured modules and practical templates for constitutions, financial policies, safeguarding frameworks, and other core institutional documents. HIV/AIDS has utilized this curriculum to strengthen grantee systems and internal operations.

HVF provided training, direct technical support, and peer learning opportunities, including pairing well-performing grantees with those requiring additional support. This approach strengthened governance structures, financial management and reporting systems, monitoring and documentation practices, compliance standards, partnership development, and resource mobilization capacity. This has enabled many grantee organizations to become operational, accountable, and credible institutions capable of sustaining themselves and mobilizing resources independently. Several grantees formed national coalitions and partnerships to coordinate advocacy and engage collectively, like the AGYW caucus in Kenya.



Group photo of participants at the UNESCO Youth Desk Dialogue on “Empowerment for All,” with HVF Ambassador Mathe Masupha from Lesotho

This growth in organizational capacity is reflected in the experience of The Youth Platform (TYP), a HVF grantee and Country Lead in Zambia. When HVF began engaging with TYP in 2020, the organization had an annual budget of Euro 50,000 and limited formal governance systems. With HVF support, TYP formalized internal policies, strengthened financial management systems, and expanded programme reach. By 2025, TYP’s annual income will have grown to Euro 407,000, and they will transition into the role of HVF Country Lead in Zambia. TYP also secured representation on the Country Coordinating Mechanism, with one AGYW representative from the organization; attracted additional funding from other donors, including IPAS, ActionAid Zambia, and HIVOS; and became a GF sub-recipient under the Churches Health Association of Zambia (CHAZ). TYP is currently recognized by the Ministry of Health as a youth-led organization contributing to national health responses in Zambia.

As organizations matured, their needs evolved. Grantees identified the need for advanced support in resource mobilization, strategic planning, and legal

compliance, particularly in contexts where gender and rights-based work face increased scrutiny. In Uganda, some organizations working with gender-diverse populations were deregistered, thereby affecting their legal standing. In Cameroon, authorities placed holds on incoming donor funds and required additional documentation prior to disbursement. These developments reinforce the importance of sustained institutional strengthening to ensure organizational resilience and compliance within changing environments.

Pillar 4: Advocacy

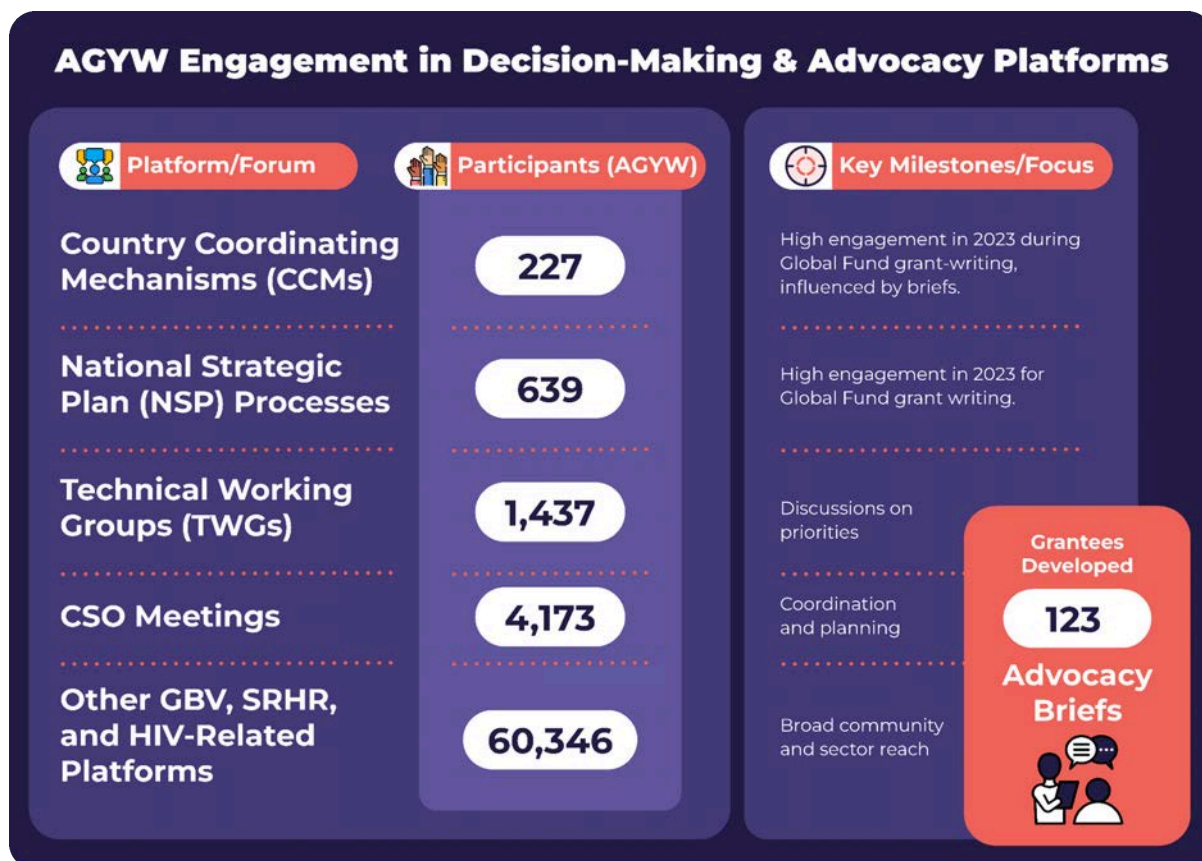
Advocacy is where the combined strength of HVF's model is most visible. At the community, national, and global levels, AGYW supported by HVF translated their lived realities into advocacy asks to influence policy change, service delivery, the legal environment, and funding processes, as shown below.



Group photo with HVF grantee Bacha Re Bacha and the HVF Ambassador, AGYW and district health officials in Lesotho during the Leribe District Dialogue.

Looking at AGYW engagement in decision-making platforms, HVF supported a total of 66, 822 AGYW to meaningfully engage in national and sub-national

platforms, processes, and events. This included:



Grantees also developed 123 advocacy briefs documenting AGYW priorities, which were used to influence discussions in CCMs, NSPs, TWGs, and other advocacy settings.

At the community and district levels, advocacy resulted in the restoration and protection of youth-friendly and gender-based violence services, improved access to HIV prevention and SRHR referral pathways, and changes to local budget allocations, including funding for youth centres and safe public spaces.

At the national level, AGYW engagement contributed to the development and revision of national HIV and SRHR guidelines, including youth-friendly PrEP implementation, inclusion of AGYW-specific interventions within Global Fund grants, and landmark legal victories protecting the rights of adolescent girls.

At the global level, AGYW contributed to Global Fund funding requests and replenishment processes, including unlocking core funding for Nigeria through the catalytic fund, and shaped global discussions through leadership roles at regional and global forums.



Community District Level

- Restoration or protection of youth-friendly and gender-based violence services
- Improved access to HIV prevention, sexual and reproductive health, and referral services
- Changes in local budget allocations, including funding for youth centres and safe public spaces.



National Level

- Development and revision of national HIV and SRHR guidelines, including youth-friendly PrEP implementation
- Inclusion of AGYW-specific interventions within Global Fund grants
- Landmark legal victories, such as court rulings protecting the rights of pregnant girls to education.



Global Level

- Contribute directly to Global Fund funding requests and replenishment processes, including unlocking core funding for Nigeria through GEF.
- Shape global discussions through leadership roles at global conferences and forums

The advocacy outcomes of the HVF and catalytic fund programs can be demonstrated through the specific examples outlined below:

In Eswatini, Khulisa Umntfwana exemplifies sustained advocacy that has translated into structural reforms in service delivery and referrals. Since 2022, the organization has focused on increasing reporting of GBV cases faced by AGYW by strengthening and scaling One Stop Centres across regions and establishing a GBV referral tracking system, aligned with Themes 1 and 3 of the HVF key aspirations. Following successful advocacy for the reopening of the Siteki One Stop Centre in 2023, three additional One Stop Centres were opened across Eswatini to respond to the high number of AGYW accessing SGBV services. The most recent centre opened in January 2024 in the Shiselweni region, becoming the country's fourth One Stop Centre. This centre included a dedicated prosecutor to address jurisdictional barriers that AGYW previously faced when reporting GBV cases.

Between July 2023 and January 2024, 50 AGYW were referred to the Manzini and Mbabane One Stop Centres, and 15 AGYW were referred to the Siteki centre. Seventy per cent of these referrals involved sexual assault cases, including incest, date rape, and spousal rape. The Ministry of Justice and Constitutional Affairs acted on these reported cases, providing additional services, including mental health sessions and pre-court preparation support. Data collected through this engagement also informed targeted advocacy agendas to strengthen the

national GBV response. Between April and August 2025, 23 AGYW who experienced GBV were referred for specialized care at the Siteki One Stop Centres, and 82 AGYW were referred to nearby clinics that provide youth-friendly SRHR and GBV services. Beyond service referrals, Khulisa Umntfwana engaged parents and community actors to address victim-blaming attitudes, clarify consent within relationships and marriage, and promote access to SRHR services for AGYW. This demonstrates how structured advocacy linked community evidence to institutional reform, service expansion, and coordinated justice response mechanisms.



Group photo of participants at the Young Women of Africa Leadership Seminar, with HVF Ambassador from Lesotho, Mathe.

In Uganda, although the Government launched [guidelines for the Prevention and Management of Teenage Pregnancy in school settings in Uganda](#) that allowed pregnant girls to continue their education, reports of forced testing and subsequent expulsions from school persisted for many pregnant AGYW in schools. Women With a Mission (WWM), supported through HVF, pursued strategic litigation arguing that mandatory testing and expulsion violated constitutional protections on dignity, privacy, the right to education, as well as a school's violation of the guidelines on handling teenage pregnancy in school. In 2025, the High Court issued WWM a consent order affirming that girls who become pregnant have the right to remain in school during pregnancy and return after delivery or miscarriage. WWM has since supported four pregnant girls to continue their education, with one already graduating from technical college and two cases still under follow-up. This legal safeguard goes a long way toward protecting thousands of girls from discriminatory exclusion from educational opportunities.

Creative advocacy strategies by grantees have amplified influence beyond community spaces. In Eswatini, SAFAIDS built the advocacy capacity of 19 high school head girls and 9 out-of-school AGYW to strengthen the national call for improved Menstrual Hygiene Management. AGYW continue to face barriers in

accessing menstrual hygiene facilities and commodities, affecting their education and wellbeing. With support from the Ministry of Education, SAFAIDS worked with 20 schools and convened an AGYW Indaba that brought together 38 young people, including 36 AGYW and 2 young men. Participants represented diverse constituencies of AGYW including AGYW living with HIV, LGBTI AGYW, AGYW in tertiary institutions, and those in youth-serving organizations. The Indaba strengthened AGYW leaders' ability to advocate for the removal of tax on menstrual products, improved school sanitation facilities, and the provision of sanitary pads in schools. The event was covered on national television evening news, reaching over 350,000 viewers and generating 1,755 YouTube views. Two AGYW directly advocated on national television for the removal of taxes on sanitary products, the installation of disposal facilities in school toilets, and the provision of sanitary pads as essential school supplies. The coverage triggered a national discussion on Menstrual Hygiene Management, with civil society organizations including AIDS Healthcare Foundation and One Billion Rising joining the movement. Supported by the Ministry of Health and the Ministry of Education, the advocacy informed subsequent engagement with the Parliamentary Health Portfolio Committee.

From 2023 onward, SAFAIDS, together with other women-led organizations, AGYW advocates, grantees, and the HVF Ambassadors, engaged the Ministries of Health, Gender, and Finance in coordinated advocacy processes on menstrual health. Drawing directly from AGYW experiences on affordability and access, these sustained engagements contributed to the Ministry of Finance's confirmation of the [removal of VAT on imported sanitary products](#). The decision was publicly announced by the Minister of Finance on 7 December 2025 and takes effect from 1 January 2026.

In Nigeria, the Greater Women Initiative for Health and Rights (GWIHR) influenced the development of the Rivers State HIV Anti-Discrimination Bill. Through structured engagements with state health authorities (including Rivers State Ministry of Health, Rivers State Agency for the Control of AIDS, and Rivers State Primary Health Care Management Board), GWIHR facilitated the formation of a Technical Working Group to draft the bill and supported five AGYW to participate in the entire bill development and review process. AGYW successfully advocated for provisions allowing girls under 18 to access HIV services without mandatory parental consent, which was incorporated into the legislation. This directly expands equitable access to HIV services for AGYW in Rivers state.

Recognizing the persistent exclusion of AGYW with disabilities in decision-making platforms, HVF, through its grantees such as IDIWA in Uganda and Kuvumbana in Mozambique, documented barriers faced by AGYW with disabilities and trained health workers on inclusive care. They secured tangible commitments and actions, including priority service queues, facility ramps for accessibility, and dedicated health facility corners to serve AGYW with disabilities. IDIWA secured structural modifications in two facilities to ensure wheelchair access.

In all implementing countries, HVF sustained advocacy, translating into formal engagement within national governance mechanisms. Seven AGYW from HVF grantees and one Ambassador serve as CCM representatives. Fourteen Ambassadors routinely engage in Global Fund consultation processes and in writing funding requests. In 2024, 94 AGYW engaged in National Strategic Plan development processes, and in 2025, 24 AGYW participated in similar processes. These strategic planning documents directly inform Global Fund Cycle 8 funding requests and national intervention prioritization.



Group photo of AGYW from HVF grantee 'Nothing Without Us' in Botswana with HVF Country Lead and Ambassador Victoria Wose

Across countries, AGYW contributed to national HIV and SRHR strategic plans, PrEP implementation guidelines, Adolescent and Youth Service Packages, HIV treatment guidelines, and youth-friendly service manuals. AGYW participation shifted from consultation to documented contribution within national disease response strategies. In Uganda, Women With a Mission attended a District AIDS Committee meeting at the Mbale District Headquarters. The meeting brought together 30 stakeholders, including 3 AGYW. During the session, AGYW raised specific SRHR concerns. These included the need to review and popularize the PrEP Distribution Guidelines for young people developed by the HIV prevention Technical Working Group that featured stigmatizing school messages such as “HIV/AIDS kills” and limited health clubs in schools where CSOs could provide HIV and SRHR education. Following the meeting, the District Education Officer and the Adolescent and Youth Friendly Coordinator committed to increasing HIV prevention awareness in schools and to developing a schedule in coordination with the District Education Officer. Stakeholders agreed to review HIV-related messaging used in schools to reduce stigma and discrimination against AGYW

living with HIV. They also committed to reviewing the PrEP Distribution Guidelines and submitting them to the District Solicitor General for approval and adoption within Mbale District and City. By 2025, Women With a Mission had engaged three schools in HIV prevention awareness sessions and is supporting the discussions on the rollout of Dual Prevention Pill conversations among AGYW in schools.

These outcomes demonstrate the strength of HVF's advocacy approach and confirm that the HVF model works. Across all its pillars, HVF has established a structured pathway through which AGYW realities inform policy design, service delivery, and financing decisions at community and national levels.

The next section will explore the cross-cutting and emergent themes that shaped this impact, including resilience in restrictive environments, intersectionality, and HVF's broader influence within the health and funding ecosystem.

Cross-Cutting and Emergent Themes

As part of the assessment, several cross-cutting themes emerged that explain how the Her Voice Fund model operates in practice, where it faces pressure, and what requires strengthening.

The Human Cost of Resilience in Restrictive Environments

The 2022–2025 period was marked by shrinking civic space, rising anti-rights movements, and restrictive laws affecting women, girls, and gender diverse communities. AGYW and grantees supported by HVF operated in contexts where advocacy carried increased personal, legal, and social risk.

The assessment found that AGYW leaders adapted strategies to continue engagement even in these environments. For example:

1. In several countries, sensitive issues were reframed using public health, economic, or community well-being narratives. One Ambassador noted, "Instead of starting directly with abortion rights, we begin by discussing maternal deaths that will enable conversations"
2. AGYW engaged traditional leaders, religious figures, and local government officials to secure permission and build local alliances.
3. When physical spaces became unsafe, grantees used social media, podcasts, remote advocacy platforms, and encrypted communication tools to sustain mobilization and information sharing.
4. The HVF ecosystem, including the PMU, Ambassadors, and Country Leads, functioned as a coordination and support network during periods of crisis.

In Uganda, for example, emergency coordination meetings were convened following the enactment of the Anti-Homosexuality Act 2023 policy that enabled organizations to reassess risk and adjust engagement strategies, especially for gender diverse communities.

While these approaches enabled continuity in implementation, the assessment also identified associated costs. Ongoing risk management, fear of exposure, harassment, and trauma placed psychological and emotional strain on AGYW advocates. Across interviews and focus group discussions, stakeholders and AGYW emphasized that resilience cannot rely on sustained burnout. Mental health support, safeguarding, and security measures were identified as essential components of sustained advocacy work.

HVF's Value Addition within the Funding Ecosystem

The assessment confirms that Y+ Global, through HVF and catalytic fund, connects grassroots AGYW-led organizations with government institutions, systems, processes, and platforms that are often inaccessible to smaller organizations.

HVF continues to add value within the funding ecosystem by:

- Complementing large donors by reaching organizations and communities that are not easily funded directly, but can achieve direct impact on the ground.
- Supporting AGYW engagement in Global Fund processes, including resource mobilization efforts, consultations, funding request development, technical review, and negotiations.
- Strengthening demand for health services and products already financed by larger mechanisms such as the Global Fund and the US government.
- Facilitating partnerships between AGYW-led organizations and established organizations for mentorship and institutional growth
- Promoting AGYW-responsive service delivery models within primary health care and integrated systems
- Strengthening community-led monitoring and structured feedback between communities and decision-makers
- Influencing resource allocation toward AGYW programmes within national health responses

Beyond programme-level results, HVF has contributed to documenting lessons for donors and health system actors on the effectiveness of AGYW-led approaches within health and rights programming.

A model for the future: Strategic Conclusions and Recommendations for (2026-2030)



Group photo of participants at the 2025 Malawi Community Framework Engagement Workshop in Malawi.

The 2022–2025 impact assessment confirms that HVF has established a structured and credible model for advancing AGYW-led advocacy for systemic impact and engagement in HIV, TB, malaria, and broader health and rights responses.

The assessment also highlights that the operating environment is becoming more restrictive and resource-constrained. Sustaining impact will require consolidating impact and positioning HVF and the catalytic fund for the next strategic phase. The HVF ecosystem spoke loud and clear on the following recommendations:

Strategic Recommendations for 2026-2030

Strategic Area	Key Learning (2022–2025)	Recommendation (2026–2030)
<p>Advocacy</p>	<p>AGYW-led advocacy has directly influenced systemic reforms that have enabled AGYW to access HIV, TB and malaria services.</p>	<ul style="list-style-type: none"> - Position HVF as a strategic AGYW advocacy mechanism within Global Fund and health decision making processes by supporting AGYW's to: <ul style="list-style-type: none"> - Influence the design of responsive funding models and resource allocation for AGYW priorities within Global Fund grants, national health budgets, HIV, TB and malaria programmes, and AGYW responsive service delivery. This should include supporting AGYW to engage early and meaningfully in country dialogues, funding advisory groups, Global Fund Grant Cycle 8 funding request writing processes, technical reviews, grant-making, grant negotiations, implementation monitoring, community engagement processes and accountability mechanisms. This will ensure that AGYW priorities are embedded in programme design, budgets, implementation arrangements, monitoring frameworks and review processes. - Engage to influence primary health care reforms and integrated service delivery by positioning AGYW in discussions on how services are designed, financed and delivered as countries move towards integrated and decentralized health systems. This includes advocating for integrated service delivery models that allow AGYW to access HIV, TB, malaria and reproductive health services in a coordinated, confidential and AGYW-friendly manner. - Advance AGYW-led advocacy and accountability for new HIV prevention options, including oral PrEP, the dapivirine ring, injectable PrEP, Lenacapavir and other emerging prevention products. This should ensure that access is guided by informed choice, availability, affordability, acceptability and AGYW-responsive service delivery. AGYW should lead peer-led information and mobilization initiatives, challenge misinformation, monitor stock availability, track AGYW service experience and hold systems accountable for ensuring that new prevention options reach the girls and young women who need them most.

		<ul style="list-style-type: none"> - Utilize community evidence and community-led monitoring to assess whether services are accessible, acceptable, safe, confidential and responsive to AGYW needs. This should include supporting AGYW-led organizations to use scorecards, service feedback, lived experiences and community data to inform advocacy with health facilities, district health teams, CCMs, Technical Working Groups, ministries and donors. - Invest in documenting advocacy wins, service delivery changes, policy shifts, resource allocation outcomes and community-level changes. This will ensure that AGYW-led advocacy is visible, valued, protected and better resourced.
Grant-making	Flexible grant-making has unlocked access to funding for many grassroots organizations and enabled them to implement and scale AGYW advocacy efforts.	<ul style="list-style-type: none"> - Strengthen differentiated grant-making by maintaining small, flexible grants for emerging grassroots organizations while introducing tiered, higher-value and longer-term grants for mature organizations that are ready to scale their advocacy, implementation, community-led monitoring, and policy influence.
Leadership	AGYW have gained influence in existing decision-making spaces.	<ul style="list-style-type: none"> - Protect and expand AGYW leadership pathways at all levels including local, national, regional, and global platforms. This should include structured engagement in GC8 processes, including consultations, writing teams, technical reviews, negotiations, implementation monitoring, and grant oversight, so that AGYW priorities are embedded from design to implementation and accountability.
Movement Resilience and Opposition Monitoring	AGYW-led organizations are operating in increasingly complex environments where anti-rights movements, stigma, shrinking civic space, and misinformation can undermine advocacy gains.	<ul style="list-style-type: none"> - Introduce opposition monitoring and response strategies to help AGYW-led organizations identify, understand, and respond to anti-rights narratives, policy threats, misinformation, and backlash in ways that are safe, evidence-informed, and context-specific.
Wellbeing and Safety	AGYW-led organizations and AGYW advocates have shown resilience in	<ul style="list-style-type: none"> - Integrate safeguarding, digital security, legal preparedness, physical safety, and psychosocial support across all HVF pillars, with practical tools, referral pathways,

	<p>their advocacy; however, restrictive environments have increased safety, digital security, safeguarding, and mental health risks.</p>	<p>flexible emergency support, and resources for organizations working in hostile or high-risk contexts.</p>
<p>Organizational Strengthening and Sustainability Planning</p>	<p>Grassroots organizations progressed when supported technically and financially, but many still require stronger systems to sustain growth and manage compliance requirements.</p>	<ul style="list-style-type: none"> - Shift to long-term institutional strengthening partnerships that support compliance, governance, financial management, legal resilience, safeguarding, resource mobilization, documentation, and strategic positioning. - Support AGYW-led organizations to diversify their funding, build multi-country partnerships beyond HVF, strengthen visibility, and position themselves as credible actors within national health, gender equality, HIV, TB, and malaria ecosystems.
<p>Intentional Inclusion</p>	<p>Disability and economic exclusion persist for AGYW and continue to shape who participates, who leads, and who benefits from advocacy opportunities.</p>	<ul style="list-style-type: none"> - Mainstream disability inclusion, accessibility, and economic empowerment approaches across grant-making, leadership development, advocacy, and organizational strengthening to address structural vulnerability and ensure that the most excluded AGYW are intentionally reached.
<p>Ecosystem Role</p>	<p>HVF has become a bridge for AGYW to influence grassroots and global advocacy and decision-making spaces.</p>	<ul style="list-style-type: none"> - Strengthen HVF's role as a connector, convenor, and learning platform that links AGYW-led organizations to governance processes, technical partners, donors, national programmes, and global advocacy spaces.
<p>Evidence and Learning</p>	<p>HVF has generated strong examples of AGYW-led impact, but these are not always systematically documented, packaged, or used to influence policy, programming, and donor priorities.</p>	<ul style="list-style-type: none"> - Strengthen HVF's evidence, learning, and documentation function by investing in outcome harvesting, case studies, community-generated evidence, learning briefs, and routine reflection spaces that translate grantee experience into strategic advocacy and programme improvement.



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